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PTO/SB/01 (10-00)

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|  |                          |                 |
|--|--------------------------|-----------------|
| <b>DECLARATION<br/>AND<br/>POWER OF ATTORNEY<br/>FOR UTILITY OR DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b><br><br><input checked="" type="checkbox"/> Declaration Submitted with<br>Initial Filing <input type="checkbox"/> Declaration Submitted after<br>Initial Filing (Surcharge<br>(37 CFR 1.16(e)) required)<br><br><b>OR</b> | Attorney Docket Number   | JBP-566         |
|  | First Named Inventor     | BURWELL, David  |
|  | <b>COMPLETE IF KNOWN</b> |                 |
|  | Application Number       |                 |
|  | Filing Date              | August 23, 2001 |
|  | Group Art Unit           |                 |
|  | Examiner Name            |                 |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ARTICLE FOR CLEANSING, TREATING, AND/OR EXFOLIATING SKIN  
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign<br>Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy<br>Attached?  |  |
|---|---------|-------------------------------------|--|--|--|
|   |         |                                     |  | YES  | NO   |
|   |         |                                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

000027777

| <b>DECLARATION - Utility or Design Patent Application</b>   |                          |                          |  |  |   |                          |        |  |  |  |
|---|--------------------------|--------------------------|--|--|---|--------------------------|--------|--|--|--|
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.   |                          |                          |  |  |   |                          |        |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">Application Number(s)</th> <th style="text-align: center; padding: 2px;">Filing Date (MM/DD/YYYY)</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>  | Application Number(s)    | Filing Date (MM/DD/YYYY) |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">Filing Date (MM/DD/YYYY)</th> <th style="text-align: center; padding: 2px;">Status</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table> | Filing Date (MM/DD/YYYY) | Status |  |  | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
| Application Number(s)   | Filing Date (MM/DD/YYYY) |                          |  |  |   |                          |        |  |  |  |
|   |                          |                          |  |  |   |                          |        |  |  |  |
| Filing Date (MM/DD/YYYY)  | Status                   |                          |  |  |   |                          |        |  |  |  |
|   |                          |                          |  |  |   |                          |        |  |  |  |
| I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:   |                          |                          |  |  |   |                          |        |  |  |  |
| I hereby appoint: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> →               </div> <div style="width: 35%; text-align: center;">                 Place Customer<br/>Number Bar Code<br/>Label Here               </div> </div> <p style="margin-top: 10px;"><b>AND</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Practitioner(s) named below:<br/> <u>Name</u> </div> <div style="width: 35%; text-align: center;"> <u>Registration Number</u> </div> </div> |                          |                          |  |  |   |                          |        |  |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.   |                          |                          |  |  |   |                          |        |  |  |  |
| Address all telephone calls to Erin M. Harriman at telephone number (732) 524-6932.   |                          |                          |  |  |   |                          |        |  |  |  |
| Direct all correspondence to: <div style="display: flex; align-items: center; margin-left: 10px;"> <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> <div style="margin: 0 10px;">OR</div> <input type="checkbox"/> Correspondence address below           </div>  |                          |                          |  |  |   |                          |        |  |  |  |
| <b>Name:</b>  |                          |                          |  |  |   |                          |        |  |  |  |
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